



Making Wellness Work

City of Concord Wellness Program

Name: _____ Spouse or Employee
Please Print Name Clearly

If you are the spouse of an employee, please write in Employee's Name here:

Department: _____

WORKSHOP ATTENDANCE AFFIDAVIT

Please Note: This affidavit will only be accepted if signed by instructor/presenter of workshop.

I hereby certify that _____
Name of Workshop Attendee

Participated in the following workshop:

Date of workshop: ____/____/____ Time from: ____AM/PM to ____AM/PM

Signature of Instructor/Presenter

Printed Name

I hereby certify that the information provided above is correct.

Date: _____

Signature of Workshop Attendee

PLEASE RETURN COMPLETED FORM TO HUMAN RESOURCES.